

APPLICATION FOR STUDENT CAREER EXPERIENCE PROGRAM FOR INDUSTRIAL TRADES STUDENT TRAINEE POSITIONS

NAME (LAST)	FIRST (LEGAL)	MIDDLE (FULL)	SSN #:
-------------	---------------	---------------	--------

MAILING ADDRESS	ZIP CODE:
-----------------	-----------

HOME PHONE ()	WORK PHONE ()	MESSAGE PHONE ()	E-MAIL ADDRESS
---------------------	---------------------	------------------------	----------------

PREVIOUS SHIPYARD EMPLOYEE: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, previous badge # _____ MILITARY EXPERIENCE: <input type="checkbox"/> YES <input type="checkbox"/> NO	U.S. CITIZEN ? <input type="checkbox"/> YES <input type="checkbox"/> NO
---	---

COLLEGE: Highest College English Course Completed: Course # _____ GPA: _____ Date Completed _____ Highest College Math Course Completed: Course # _____ GPA: _____ Date Completed _____	College Placement Exam Taken: Asset <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Compass <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
--	---

Please select the top 2 groups for which you are interested in receiving consideration: (For additional information go to www.psns.navy.mil. Select Employment Opportunities, then Apprentice Program for trade descriptions:

<input type="checkbox"/> Electrical/Electronics (03 HVE, 07, 51, 67, 90E, 06PME, 06EICM, 730 ELECT) <input type="checkbox"/> Structural/Metal Fabrication (11, 17, 26, 135)	<input type="checkbox"/> Mechanical/Piping (31, 38, 31E, 56, 90P, 99P) <input type="checkbox"/> Machinery/Equipment Repair (06PMM, 730 MECH)	<input type="checkbox"/> Service/Insulation (64I, 64S, 71P, 90F, 740, 57)
--	---	--

Explain what experience you have working in an industrial environment:

AS A CANDIDATE FOR THE STUDENT CAREER EXPERIENCE PROGRAM. I CAN MEET THE FOLLOWING REQUIREMENTS: (DOCUMENTATION IS REQUIRED.) PLEASE CHECK EACH ONE THAT APPLIES:

PSNS Requirements:

☐ I CAN PROVIDE PROOF OF U.S. CITIZENSHIP (Certified Birth Certificate, Passport, Naturalization Papers).

☐ I WILL BE 18 YEARS OF AGE OR OLDER AT THE TIME OF HIRING
 (If you are currently enrolled in High School, give Month/Year of Graduation ____/____)

☐ I UNDERSTAND I MUST OBTAIN A SECURITY CLEARANCE.

☐ I UNDERSTAND I MUST PASS A PSNS-ADMINISTERED PHYSICAL EXAMINATION.

☐ I HAVE ATTACHED PROOF OF ELIGIBILITY (COLLEGE TRANSCRIPT/ASSET TEST RESULTS/COMPASS TEST RESULTS) TO MEET OLYMPIC COLLEGE ENROLLMENT REQUIREMENTS AS SPECIFIED IN ANNOUNCEMENT.

☐ I HAVE COMPLETED AND ATTACHED STANDARD FORM 306, DECLARATION FOR FEDERAL EMPLOYMENT.

☐ I HAVE COMPLETED AND ATTACHED STANDARD FORM 181, RACE AND NATIONAL ORIGIN (OPTIONAL).

PRIVACY ACT WAIVER: Because of the FAMILY RIGHTS AND PRIVACY ACT OF 1974, an "INFORMATION RELEASE APPROVAL" must be signed before we use information you give us on your behalf. By signing this agreement, I give permission for the CO-OP Office at OLYMPIC COLLEGE to obtain a copy of my current transcript if needed. I also authorize the CO-OP Office to release any legitimate and pertinent information about my background, experience, and academic record (including transcripts) to potential employers to whom I am making application.

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE _____ DATE: _____

APPLICATION FOR STUDENT CAREER EXPERIENCE PROGRAM (CONT.)**DESCRIBE YOUR WORK HISTORY, STARTING WITH YOUR MOST RECENT JOB OR ATTACH YOUR RESUME:**

(Use only the five most recent jobs you have held or other related work experience. You may also describe other training or education that is work related.)

FROM MONTH/YEAR _____ TO MONTH/YEAR _____

EMPLOYER _____
ADDRESS _____RESPONSIBILITIES: _____

FROM MONTH/YEAR _____ TO MONTH/YEAR _____

EMPLOYER _____
ADDRESS _____RESPONSIBILITIES: _____

FROM MONTH/YEAR _____ TO MONTH/YEAR _____

EMPLOYER _____
ADDRESS _____RESPONSIBILITIES: _____

FROM MONTH/YEAR _____ TO MONTH/YEAR _____

EMPLOYER _____
ADDRESS _____RESPONSIBILITIES: _____

FROM MONTH/YEAR _____ TO MONTH/YEAR _____

EMPLOYER _____
ADDRESS _____RESPONSIBILITIES: _____

